

(Print Name of lobbyist)

PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

#### 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Robert Clegg, Deb	ora Vanderbeek,	Periklis Karoutas	·
II. Name of lobbyist's par	tnership, firm or corp	oration, if any:		
Legislativ	e Solutions, L.L.C.	-		•
	partnership, firm or corpo	ration)	<del>'</del>	4
P.O. Bo	ox 10724	Bedford	NH	03110
Business Address: (Street)	(	Town/City)	(State)	(Zip Code)
( ) 860-3682	( )		e-mail senclegg@	Paol.com
(Telephone)	` ` /	(Fax)		
reportable expense transa	actions which are not a	ttributable to an	y one client).	y file a separate report for
All reportable transacti	ons occurring in the mo	nths prior to the re	porting date relative to th	e following client:
	Injured Workers' Pha	•		
OR (Fu	III Name of Client as it app	ears on the Lobbyis	Registration Form)	<u>.</u>
		uding the lobbyist	's family), or the lobbying	; firm listed below which are
-	pril 24, 2019 🌂 om date of registration to	3/31/19 ac	July 31, 2019	
	ctober 30, 2019 ity from 7/1/19 to 9/30/19	ac	January 29, 2020 [] tivity from 10/1/19 to 12/31/	/19
V. There have been no If this box is checked, comp Concord, NH 03301.				
VI. Check if additional re	ports are attached:			
If you have received fe	•	s, you must file A	ddendum A- Fees and Ex	cpenses
☐ If you have paid an hor Expense Reimbursement	norarium or reimbursed	expenses, you mu	st file Addendum B- Re	port of Honorariums or
☐ If you, your firm, or yo	our family has made pol	itical contribution	s, you must file <b>Addendu</b>	m C- Political Contributions
Sworn Statement/Affirma I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C and RS		swear or affirm that the f	oregoing information is true
- Foly	lyv	_	April 9, 2019	<del></del>
(Signature of lobbyist)	00		(Dat	e)
Robert Clegg				

# PLEASE PRINT

#### STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

## RECEIVED

APR 15 2019

NEW HAMPSHIRE

I. Name of Lobbyist(s)	Robert Clegg, Debra Vanderbeek, Periklis	s Karoutas
II. Name of lobbyist's par	rtnership, firm or corporation, if any:	
	islative Solutions, L.L.C.	
(Name of par	tnership, firm or corporation)	
III. Name of Client	Injured Workers' Pharmacy	Date April 9, 2019
to lobbying, including fees f	Fall fees received from the client identified above for services such as public advocacy, governmen ing legislation, and related legal work. The gr	t relations, or public relations services
a) Total of all fees received	in this reporting period	a) \$ 7,500
	this calendar year, prior to this reporting period otal of all prior monthly reports for this calendar y	b) \$ <u>0</u>
c) Total of all fees received (Add lines a and b)	to date	c) \$ 7,500.00
d) Indicate the amount of ar yet been paid	ny such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where the lunch where the cost was \$2 being lobbied, purchase of a (c) an itemized statement of any purpose not covered by ceremonial object to be give restaurant expenses for a le	erships, firms, or corporations are required to repose be filed for expenditures made relative to each unrelated to any one client a separate report in one of three categories of expenses: (a) the for salaries, benefits, support staff, and office e he expenditure was of \$25.00 or less (for examp 5.00 or less, purchase of a pen with a value of le ceremonial object given to a person being lobbic each individual expenditure made during this report (a) (for example: purchase of a meal with value of the subject of lobbying with a value greater is the subject of lobbying with a value greater is supported by the subject of lobbying with a value greater is subject of lobbying with a value greater is lobbying with a value greater is subject of lobbying with a valu	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all sile: meals purchased during a business than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, s, expense reimbursement, or political
support staff, and office expe	for this reporting period for salaries, benefits, enses, related directly or indirectly to lobbying.	a) \$ 7,500.00
in a), of \$25 or less.	andres during this reporting period, not reported	b) \$ <u>0</u>
c) Total of all itemized expe	enditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>7,500.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>7,500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$ <u>_</u>
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Loly Cley	April 9, 2019
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

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### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	nt): Injured Workers' Pharmacy			
Date of Report (check	one):			
April 24, 2019 💆	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □	
•	-		nd Expenses described above, umber of Addendum forms be	
Addendum A(	s).			
Addendum B(s	3).			
Addendum C(s	s).			
I hereby swear or affir complete to the best of (Signature of lobbyist)	my knowledge and bel	lief.	nt and each Addendum is true 9, 2019 (Date)	and
Debra Vanderbeek				
(Print Name of lobbyis	et)			

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobby	ing partnership, firm, or corporation:	Legislative Solutions, L	.L.C.
Name of Client	(leave blank if Statement is for the pa	artnership, firm, or corp	oration and not related to any
particular client	): Injured Workers' Pharma	су	
Date of Report	(check one):		
April 24, 2019	Ŋ July 31, 2019 □ Octo	ber 30, 2019 □ J	anuary 29, 2020 □
	A 15, RSA 15-B, RSA 664, the State Addendums submitted with that State		
Addeno	lum A(s).	•	
Addeno	lum B(s).		
Addeno	lum C(s).		
•	or affirm that the foregoing informati best of my knowledge and belief.	on on the Statement an	
(Signature of lo	bbyist)		(Date)
Periklis Karouta (Print Name of			